



# Iowa's Health Home Programs System Review

## Iowa Medicaid Enterprise

October 15, 2018

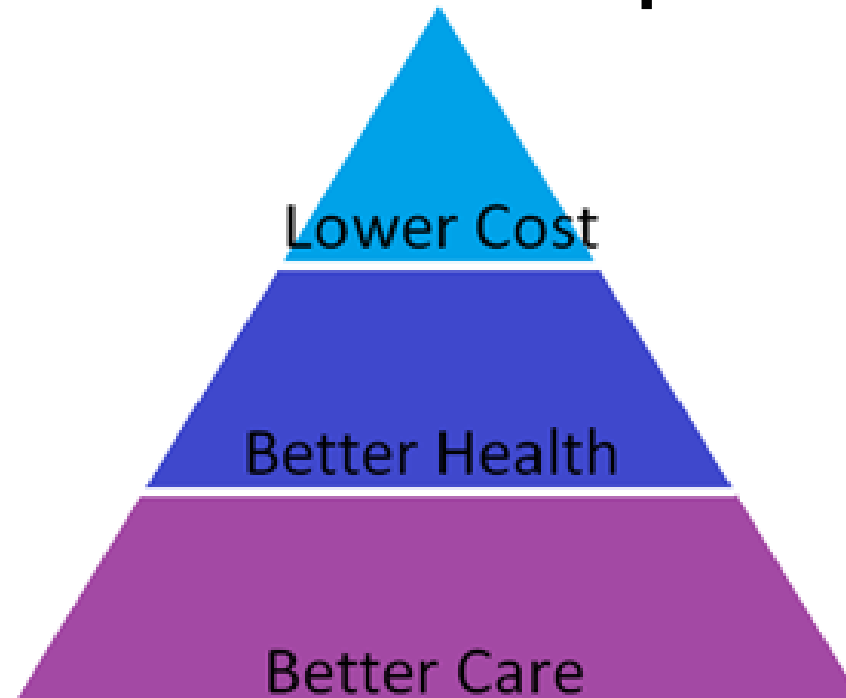


## Objectives

- Review Health Home background
- Investigate State Plan Amendments
- Discuss Iowa's Health Home model
- Overview of system review
- Begin discussion of system review findings



## Health Home Background PCMH and Triple Aim





## Health Home Background

- Iowa first established (Chronic Condition) Health Homes in 2012
- Phased in Integrated Health Homes beginning in 2013
- Two State Plan Amendments
- Multiple IAC 441 chapters



## Health Home Background

- The full text of the State Plan Amendment for Chronic Condition Health Homes can be accessed at:  
<https://dhs.iowa.gov/sites/default/files/Attachment%203.1-H%20-%20Chronic%20Conditions%20as%20of%20081516.pdf>
- The State Plan Amendment for Integrated Health Homes can be accessed at: <https://dhs.iowa.gov/sites/default/files/Attachment%203.1-H%20-%20SPMI%20as%20of%20081516.pdf>
- Applicable Administrative Code and Rules can be accessed at: <https://www.legis.iowa.gov/law/administrativeRules/chapters?agency=441&pubDate=09-26-2018> with specific attention given to Chapters 77, 78, 79, 83 and 90.



# Iowa's Health Home Model State Plan Amendments





## Iowa's Health Home Model Member Eligibility

- Both CCHH and IHH are opt-in models
- CCHH: Medicaid eligible members who are diagnosed or at risk of developing two or more chronic conditions
- IHH: Medicaid eligible members with Serious and Persistent Mental Illness (SPMI) or Serious Emotional Disturbance (SED) diagnoses



## Iowa's Health Home Model Provider Requirements

- Certification, accreditation, training
- Health Home agreement document
- Members informed of choice
- Personal provider connection
- Continuous care coordination
- Health home team addresses spectrum of member's needs





## Iowa's Health Home Model Six Core Services

**Comprehensive Care Management** is whole person, integrated care management that is comprehensive, assessment driven, utilizes claim-based monitoring, addresses care gaps, serves as a communication hub and an active team member to monitor and intervene in member progress toward treatment goals utilizing holistic clinical expertise. Comprehensive Care Management is provided by a nurse or by a physician.



## Iowa's Health Home Model Six Core Services

**Care Coordination** is defined as outreach to members that promotes medication adherence, conducts assessments, schedules appointments, makes referrals, supports understanding of insurance, follows up, communicates with providers on goals and interventions, conducts joint treatment planning meetings and supports coordination with PCP and specialists. Care Coordination may be provided by a nurse or social worker. In addition, some Care Coordination activities may be conducted by Peer Support Specialists or Family Support Specialists.



## Iowa's Health Home Model Six Core Services

**Health Promotion** is outlined to include activities such as smoking prevention and cessation, substance abuse prevention, nutritional counseling, obesity reduction and increased physical activity, provision of health education, promotion of self-direction, coordination of multiple systems, implementation of formal diabetes support and wrap-around planning. Health Promotion activities may be provided by nurses, social workers, Peer Supports Specialists or Family Support Specialists.



## Iowa's Health Home Model Six Core Services

**Comprehensive Transitional Care** from inpatient to other settings, including appropriate follow-up describes the process of engaging members and/or caretakers as an alternative to hospitalization or ER, participation in hospital discharge processes and follow up post discharge, crisis planning, monitoring and intervention, medication reconciliation and identifying and linking to home and community based services or long term care options as appropriate. Transitional Care may be provided by nurses, social workers, peer support specialists or family support specialists.



## Iowa's Health Home Model Six Core Services

**Individual and Family Support** is directed at supporting the member and their family to access self-help resources and peer or family support, including advocacy, social network development, medication and treatment management and adherence, identification and linkage to community resources and supportive services. Nurses, social workers, peer support specialists and family support specialists provide this support with a goal of reducing barriers to the member's success.



## Iowa's Health Home Model Six Core Services

**Referral to community and social support services** connects members to primary care, specialists, wellness programs, support groups, school groups, substance abuse treatment, housing, transportation, social programming, faith based organizations, employment, education and volunteer opportunities. Referrals are made by nurses, social workers, Peer Support Specialists and Family Support Specialists.

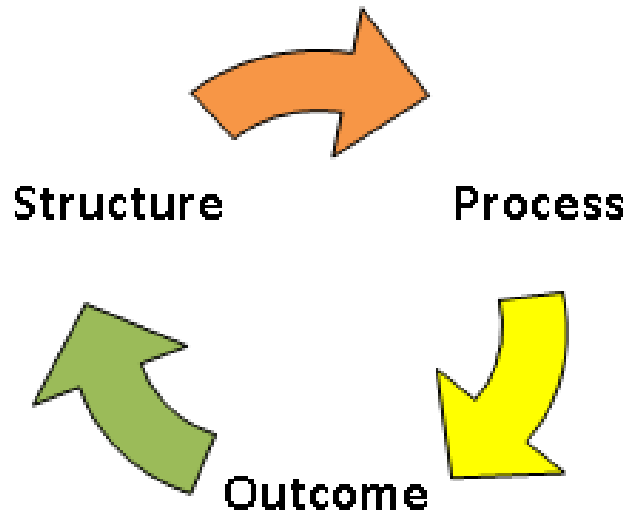


## Iowa's Health Home Model PMPPM Payment

Per Member Per Month Reimbursement	
Tier 1 - CCHH	\$12.80
Tier 2 - CCHH	\$25.60
Tier 3 - CCHH	\$51.21
Tier 4 - CCHH	\$76.81
Tier 5 - IHH	\$80.39
Tier 6 - IHH	\$103.39
Tier 7 - IHH	\$280.39
Tier 8 - IHH	\$303.39



## Health Home System Review



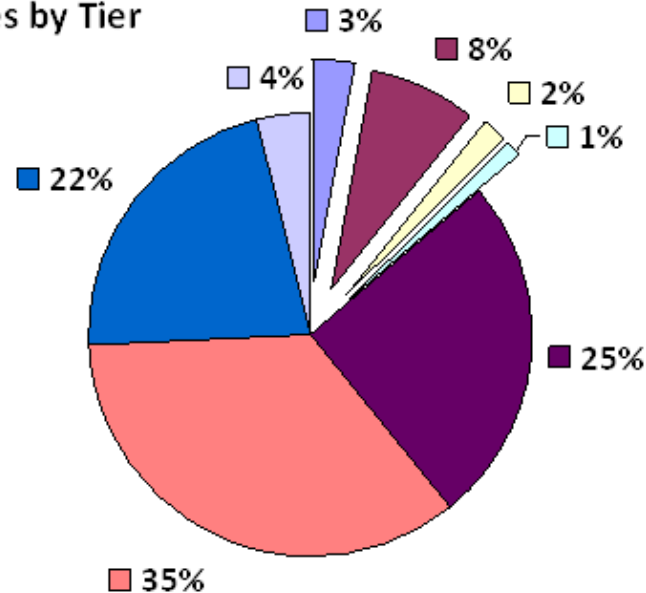
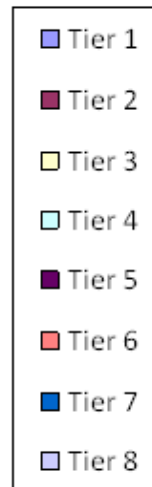
**Stratified random sampling** is a method of sampling a whole population group that involves the division of the population into smaller groups, known as strata. In stratified random sampling, or stratification, the strata are formed based on members' shared attributes.





## Health Home System Review

Health Home Enrollees by Tier





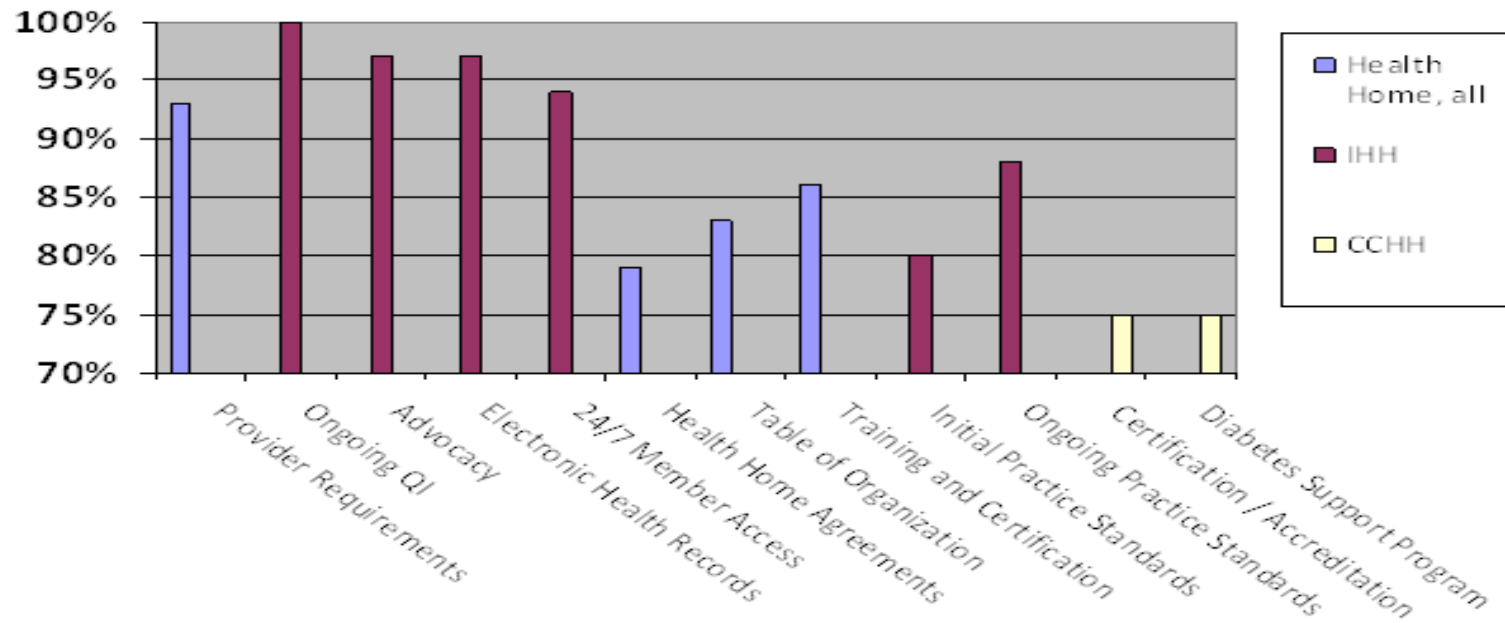
## Health Home System Review

- Tier, contact type, time spent in contact
- Eligibility
- PMPM billing records
- Health Home agreements
- Standards documentation
- Licensure, certification, accreditation
- Opt-in
- Whole person care provision
- Value analysis



## Health Home System Review Findings

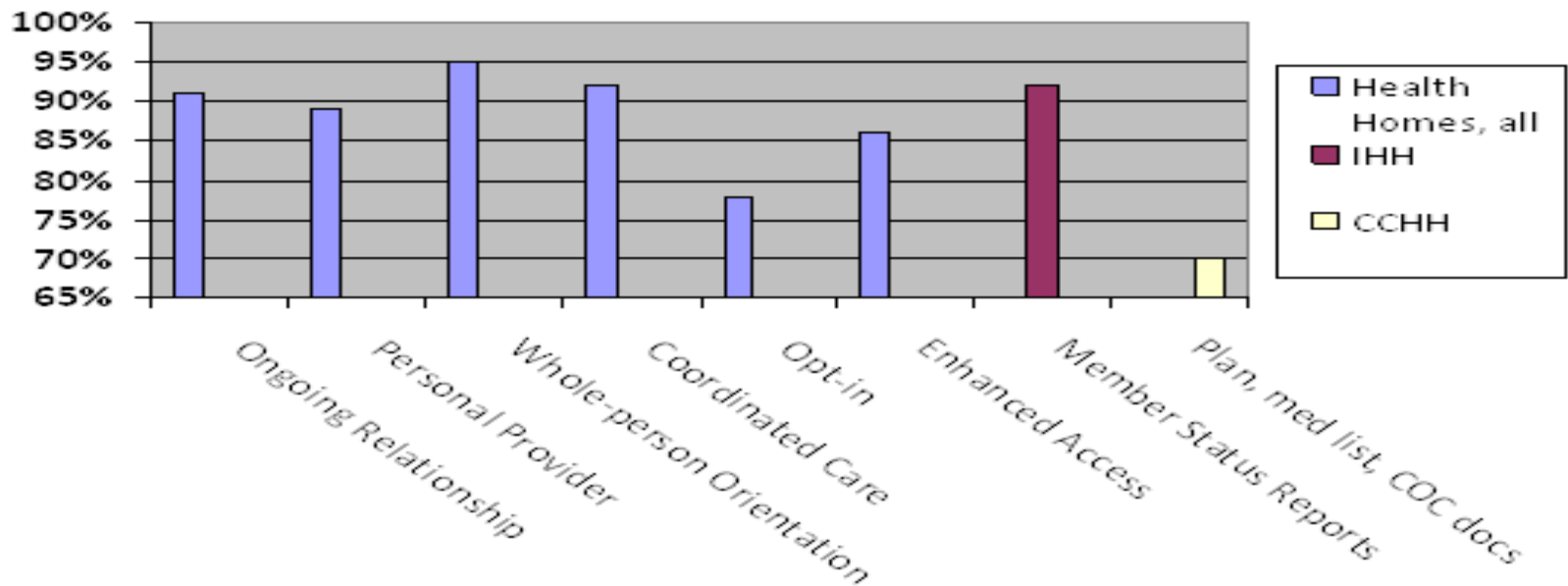
Health Homes Systems - Structural Compliance





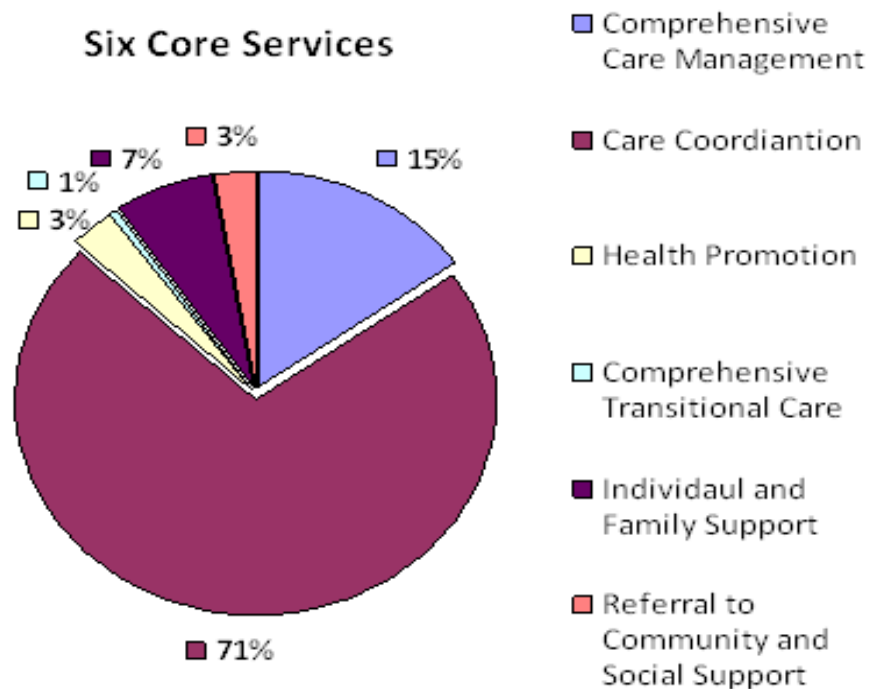
## Health Home System Review Findings

Health Homes Systems - Process Compliance





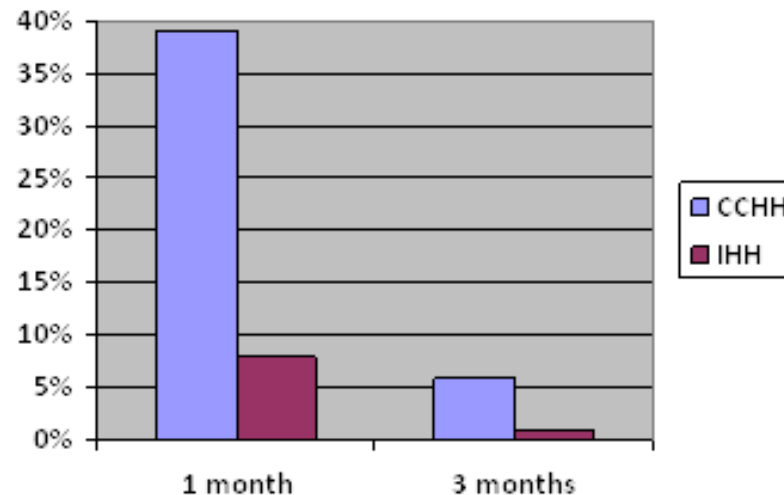
## Health Home System Review Findings





## Health Home System Review Findings

PMPM Claims Paid in Months of No  
Core Service Activity





# Feedback





## Preview: Workgroup 2

- Continue discussion of System Review Findings – Outcomes
- Summarize systemic strengths and weaknesses
- Discuss future vision and potential barriers





## Wrap Up

